## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

14	735	1392
14	/ / / /	1992

	•	CLAIMS A	S FILED (Colum		-	ມ <b>ກາກ 2</b> )		SMALL E	NTITY	OR		R THAN ENTITY
T	OTAL CLAIMS	<b>3</b> .					]	RATE	FEE	7	RATE	FEE
FOR		NUMBER FILED		NUMBER EXTRA			BASIC FE	150.00	OR	BASIC FEE	300.00	
TOTAL CHARGEABLE CLAIMS			п	minus 20=		•		X\$ 25=		OR	X\$50=	
			ninus 3 =	•	-		X100=	1	OR	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u> </u>	
MULTIPLE DEPENDENT CLAIM PRESENT								<b></b>	1			
* If the difference in column 1 is less than zero, enter *0* in column 2								+180=		OR	L	ļ
•						.0.0 2		TOTAL		JOR		<u> </u>
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL		
ENTA	12021	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
<b>AMENDMENT</b>	Total	. [1	Minus	- 2	77	÷ /		X\$ 25=		OR	X\$50=	
AME!	Independent	• 1	Minus	4		=		X100=		OR	X200=	/
_	FIRST PRESE	ENTATION OF MI	JLTIPLE DE	PENDENT	CLAIM		1	+180=	<del></del>	OR	+360=	
							L	TOTAL			TOTAL	
	•	(Column 1)		(Colum	nn 2)	(Column 3)	A	DOIT. FEE	L	JON	ADDIT. FEE!	
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	•	Minus	•••		= .		X\$ 25=		OR	X\$50=	
ME	Independent	•	Minus	***			<b> </b>	X100=		OR	X200=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DE	PENDENT (	CLAIM		<b> </b> -					
							L	+180=		OR	+360= TOTAL	
	•						A	DDIT. FEE	<u> </u>	OR ,	ODIT. FEE	
_1		(Column 1)		(Colum	وتسطويه	(Column 3)				•		
AMENDMENIC		REMAINING AFTER AMENDMENT		PREVIOU PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus					X\$ 25=		OR	X\$50=	
	Independent	•	Minus	***		2	r	X100=		OR	X200=	
<u> </u>	FIRST PRESE	NTATION OF MU	LTIPLE DE	PENDENT (	CLAIM		<b>-</b>	+180=			+360=	
• H	the entry in colur	nn 1 is less than the	e entry in colu	ımn 2, write "	0° in colu	ımn 3.	L	TOTAL		OR [		
<b>~</b> 11	the "Highest Nur	mber Previously Pai mber Previously Pa	d For IN THI	S SPACE &	ess than	20, anter "20,"	AC	DOTT. FEE		OR ,	TOTAL ODIT. FEE	